

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	11/29
O.I.P.E. CLASSIFIER			12
FORMALITY REVIEW	59523		12-13-99

59523

### INDEX OF CLAIMS

3-16-00

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) Canceled        A ..... Appeal  
 + ..... Restricted                      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	8-2-01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	0
15	0
16	0
17	0
18	0
19	✓
20	✓
21	0
22	✓
23	✓
24	0
25	✓
26	✓
27	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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